

253

STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSES

1. PLACE OF DEATH:
 County Cochise State, ARIZONA Registered No. _____
 Township Gleeson or Village _____
 City _____ No. _____ St. _____ Ward. _____
 (If death occurred in a hospital or institution, give its NAME instead of street and number)
 Length of residence in city or town where death occurred _____ yrs. _____ mos. _____ days. How long in U. S., if of foreign birth? _____ yrs. _____ mos. _____ days.

2. FULL NAME SINGLETON GANDY
 Residence: No. _____ St. _____ Ward. _____
 (Usual place of abode) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex M 4. Color or Race _____ 5. Single, Married, Widowed, or Divorced (write the word) _____
 5a. If married, widowed, or divorced Husband of (or) Wife of _____
 6. Date of Birth (month, day, and year) _____
 7. Age Years _____ Months 14 Days _____ If Less than 1 day, _____ hrs. or _____ mins.
 8. Trade, profession, or particular kind of work done as spinner, sawyer, bookkeeper, etc. _____
 9. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____
 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____
 12. Birthplace (city or town and State or country): _____

13. Name: _____
 14. Birthplace (city or town and State or country): _____
 15. Maiden Name: _____
 16. Birthplace (city or town and State or country): _____
 17. Informant (name and address): _____

18. Burial, Cremation, or removal: _____
 Place _____ Date _____ 193
 19. Undertaker (name and address): _____

20. Filed 7-2-02, 193 Frank Hare
 Recorder Registrar.

FORM 5 CM 6-1-33 MS 48640

MEDICAL CERTIFICATE OF DEATH

21. Date of Death (month, day, and year) June 29, 1902 193
 22. I HEREBY CERTIFY, That I attended deceased from _____, 193, to _____, 193
 I last saw h. _____ alive on _____, 193; death is said to have occurred on the date stated above, at _____ m.
 The principal cause of death and related causes of importance were as follows:
Enterocolitis
 Date of onset _____
 Other contributory causes of importance: _____
 Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? _____
 23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 193
 Where did injury occur? _____ (Specify city or town, and State)
 Specify whether injury occurred in industry, in home, or in public place: _____
 Manner of injury _____
 Nature of injury _____
 24. Was disease or injury in any way related to occupation of deceased? _____
 If so, specify _____
 (Signed) Dr. J. W. Dudley
 (Address) Gleeson, Ariz.